



Nevada Division of Insurance

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Consolidated Insurance Program Application Review Worksheet

1.	Name of Project		
2.	Date Received		
3.	Is this an Owner Controlled Insurance Program (OCIP) or a Contractor Controlled Insurance Program (CCIP)?		
4.	Name of Owner or Contractor		
5.	Name of Insurance Company		
6.	Insurance Company ID Number		
7.	Beginning Date of Project		
8.	Description of Project		
9.	Proposed Duration of Project		
10.	Name, Address and Telephone Number of Contact Person for OCIP/CCIP		
Contact Name		Phone	
Address			
11.	Names of the Primary and Alternate Safety Coordinators:		
Primary		Alternate	
Alternate		Alternate	
Name of the Administrator of Claims			

Proposal Review Checklist

1.	Does the filing contain a schedule that shows the estimated total cost of the project?	<input type="checkbox"/> Yes - Date received: <input type="checkbox"/> No
2.	What are the estimated costs for:	
a.	Actual construction:	\$
b.	Design:	\$
c.	Acquisition of real property:	\$
d.	Connecting utilities:	\$
e.	Excavation & underground work:	\$
f.	Equipment & furnishings:	\$
	Total	\$
3.	Does the total value meet the minimum threshold requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Does this OCIP/CCIP cover only one project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Is there a copy of the contract between the insurer and the owner of the project?	<input type="checkbox"/> Yes - Date received: <input type="checkbox"/> No
6.	Does the project contract have:	
a.	Provisions requiring compliance with safety requirements and the administration of claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	The names and qualifications of the safety people and the administrator of claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	The terms and conditions for providing industrial insurance coverage including:	
(1)	A definition of the site that clearly states the areas covered and which are reasonably contiguous?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2)	A description of the scope and details of the project and the duration of the industrial insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	A list in which the owner, prime contractor, construction manager, contractors and subcontractors are set forth as additional insureds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	A list of the penalties if there is a failure to comply with the safety and administration of claims requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is there a statement from the owner that the safety person and the alternate safety person will not be working on any other OCIP/CCIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is there a statement from the owner that the administrator for claims will not be working on any other OCIP/CCIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Is there assurance that there will be a safety person on site during all hours of operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

10.	Is there assurance that there will be an administrator for claims on site during all hours of operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Is there evidence that the notices or advertisements for bids will/did contain a statement that it will be an OCIP/CCIP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Does the package contain a copy of the plan or other materials developed for the required pre-bid conference that explains:	
	a. How an OCIP/CCIP operates;	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. The general description of the safety requirements;	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. The general description of the claims handling; and	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. An overview of the requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Does the package contain a copy of the safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Does the safety program delineate the minimum standards of safety to be observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Does the safety program provide for regular safety meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Does the safety program provide for training of contractors and subcontractors regarding safety issues and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Does the safety program provide for regular safety inspections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Does the safety program provide for a method of notifying contractors and subcontractors of special safety hazards and insure that minimal safety standards are observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Does the safety program provide for the prompt investigation of accidents resulting in serious bodily injuries or death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Has a copy of the qualifications of the primary and alternate safety coordinators been submitted to the Division of Industrial Relations?	<input type="checkbox"/> Yes - Date submitted: <input type="checkbox"/> No
21.	Has the Administrator of the Division of Industrial Relations issued a statement that these people have adequate credentials?	<input type="checkbox"/> Yes - Date received: <input type="checkbox"/> No
22.	Do the safety coordinators have at least 3 years of relevant experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Does the package have a list of all other lines of insurance that will be included in the consolidated insurance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted by:		Date
Division of Insurance		
Reviewed by:		Date